

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	3					
9	3					
10	4					
11	4					
12	1					
13	(1)					
14	(1)					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	22	←	←	←		
TOTAL CLAIMS	24	←	←	←	←	←

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	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		←	←	←	←	←